



# CIS

CONSTRUCTION  
INSURANCE  
SERVICES, LLC

## New Agent Form

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Main Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Website \_\_\_\_\_

\*(PLEASE ATTACH COPY OF YOUR COMPANY LETTERHEAD)

Federal ID #: \_\_\_\_\_  
Errors & Omissions: : Carrier: \_\_\_\_\_  
Limits: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

\*(PLEASE ATTACH A COPY OF DEC PAGE OR CERTIFICATE OF INSURANCE)

Agency License: Expiration Date: \_\_\_\_\_

\*(PLEASE SEE ATTACHED A COPY OF YOUR AGENCY LICENSE)

**Please note, this preliminary information will enable CIS to set your Agency in our accounting system. account. The attached Construction Insurance Services, LLC Producer Profile/Agreement must be completed and returned before we are able to bind any accounts for your office.**